



APPLICATION FOR SPECIAL RATES FOR LOW INCOME  
SENIOR AND DISABLED CITIZENS

DATE \_\_\_\_\_ YOUR BIRTHDATE \_\_\_\_\_ SPOUSE'S BIRTHDATE \_\_\_\_\_

COMBINED ANNUAL INCOME OF ALL PERSONS LIVING AT THIS ADDRESS:

		INTEROFFICE USE ONLY: ROUTE# _____
WAGES, SALARY, ETC.	\$ _____	_____ Owner _____ Renter
SOCIAL SECURITY	\$ _____	_____ Marysville _____ Arlington*
INTEREST/DIVIDENDS	\$ _____	*Must submit Arlington
RENTS/ROYALTIES, ETC.	\$ _____	form for stormwater discount
ALL OTHER INCOME	\$ _____	_____ APPROVED
TOTAL ANNUAL INCOME	\$ _____	_____ DENIED _____ INITIALS

APPLICANT'S NAME: \_\_\_\_\_

CO-TENANT/SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

PHONE NUMBER: \_\_\_\_\_ NO. OF PERSONS IN HOUSEHOLD \_\_\_\_\_

CITY OF MARYSVILLE ACCOUNT # \_\_\_\_\_

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE \_\_\_\_\_

- New senior applications **MUST** be accompanied by proof of age and income or application will be denied.
- Renewals need only proof of income or application will be denied.
- Disabled applications (under age 62) **MUST** be accompanied by proof of disability and income or application will be denied.

**SEE REVERSE FOR OTHER REQUIREMENTS**

PLEASE RETURN APPLICATION TO:  
MARYSVILLE CITY HALL  
1049 STATE AVENUE, MARYSVILLE, WA 98270-4234  
QUESTIONS: CALL 360.363.8009



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